## PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 SEP 2 1 2004 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated thies corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for emaintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 06/25/2004 7590 000128 HONEYWELL INTERNATIONAL INC. 101 Columbia Road Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile P.O. Box 2245 Morristown, NJ 07962-2245 transmitted to the USPTQ, on the date indicated below (Depositor's name) Leon (Signatu September 15, 2004 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. Honeywell No. 1393 10/667,854 Mats A. Brenner 09/22/2003 TITLE OF INVENTION: SIGNAL DEFORMATION MONITOR H0004500 APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 09/27/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS 3662 MULL, FRED H. 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). McDonnell Boehnen 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required.

1Hulbert & Berghoff LLP 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or cate	ries (will not be printed on the patent); 🔾 individual 🔾 corporation or other private group entity	government			
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564 Schoedel NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office.

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## UNITED STATES PATENT AND TRADEMARK OFFICE Honeywell Case No. H0004500-1624

(MBHB Case No. 02-1028-A

In The Application of:		)		
Mats A. Brenner		)		
Serial No.	10/667,854	)	Examiner:	Mull, Fred H.
Filed:	September 22, 2003	)	Group Art Unit:	3662
Title	Signal Deformation Monitor	)	Confirmation No.:	1393

## TRANSMITTAL LETTER

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In regard to the above identified application:

- 1. We are transmitting herewith the attached:
  - a. Issue Fee Transmittal Form PTOL-85;
  - b. Return Receipt Postcard.
- 2. With respect to additional fees:
  - ☐ Check in the amount of \$1,630.00.
- 3. Please charge any additional fees or credit overpayment to Deposit Account No.13-2490. A duplicate copy of this sheet is enclosed.
- 4. CERTIFICATE OF MAILING UNDER 37 CFR § 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1 hereinabove, are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Respectfully submitted,

Date: September 15, 2004

Lisa M. Schoedel

Registration No. 53,564